



INITIAL ALARM USER REGISTRATION COVER SHEET

(please type or print)

Date _____

Alarm Business Information

Wichita Business License Number _____

Alarm Business Name _____ Contact Person _____

Alarm Business Address _____

City, State, Zip _____

Mailing Address (if different from above) _____

City, State, Zip _____

Phone Number (____)____-____ Fax Number (____)____-____

Number of Current Alarm Users Submitted for Initial
Registration: _____

Times the Cost of Each Permit: \$10.00

Total Payment to Remit: \$ _____

Payment method (check one):

- _____ 1. Registration submitted postmarked by December 14, 2001.
Payment to be remitted on February 14, 2002.
- _____ 2. Registration submitted postmarked after December 14, 2001, but on or before
January 9, 2002.
Payment must be enclosed if postmarked after December 14, 2001.

Please send this cover sheet, alarm user registration information, and payment to:

City of Wichita
P.O. Box 300014
Raleigh NC 27622
(800) 773-2673

ALL FIELDS IN THIS FORM MUST BE COMPLETED!